

Department of the Army  
Headquarters, U.S. Army Garrison  
462 Hamilton Road, Suite 120  
Fort Sill, Oklahoma 73503  
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\*Fort Sill Regulation 608-3

Personal Affairs  
**TRAVEL AND TRANSPORTATION FOR DEPENDENTS RELOCATING FOR  
REASONS OF PERSONAL SAFETY (FY04 DAA)**

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**Summary.** This regulation prescribes policies, responsibilities, and procedures for utilizing the entitlement of travel and transportation of abused dependents relocating for reasons of personal safety.

**Applicability.** This publication applies to all military personnel assigned or attached to Fort Sill and their Family members.

**Supplementation.** Supplementation of this regulation is prohibited without prior approval from the Directorate of Family, Morale, Welfare and Recreation (DFMWR) Army Community Service (ACS) 4700 Mow Way Road, Suite 125, Fort Sill, OK 73503

**Suggested Improvements.** The proponent of this regulation is the DFMWR, ACS. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to DFMWR, ACS.

**Distribution.** This regulation is distributed solely through the Director of Human Resources, Administrative Services Division Homepage at [http://sill-www.army.mil/dhr/Admin\\_Svcs\\_Div/Index.html](http://sill-www.army.mil/dhr/Admin_Svcs_Div/Index.html).

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## **Chapter 1**

### **Introduction**

**1-1. Purpose.** To establish procedures for utilizing the entitlement of travel and transportation of abused dependants relocating for reasons of personal safety.

**1-2. Reference.** Joint Federal Travel Regulation (JFTR) change number 208, paragraph U5205, Travel and Transportation for Dependents Relocating for Personal Safety, 1 April 2004, effective 24 February 2004.

**1-3. Policy.** A service member's spouse or the parent/court appointed guardian of a dependent child may request relocation for personal safety and may be authorized travel and transportation if it is determined that--

- a. The member has committed a dependent-abuse offense against a dependent of the member.
- b. A safety plan and counseling have been provided to the dependent.
- c. The dependent's safety is at risk.
- d. Dependent relocation is advisable.

## **Chapter 2**

### **RESPONSIBILITIES**

**2-1. Unit Commanders.** Unit commanders will--

a. Notify dependents, in writing, that they may apply for dependent travel and/or shipment of household goods at government expense (see Appendices A, B, and C) when a dependent abuse offense occurs and there is concern for the safety of the victim, IAW the JFTR par. U5205 (Appendix D). Notification will also include a referral to the Family Advocacy Program Victim Advocate for verification of authorizing conditions and assistance in accomplishing documentation.

b. When requests for entitlements are received from a dependent, the Soldier's chain of command will recommend approval by submitting the required documents referenced in the appendices to the Directorate of Logistics, Transportation Division, Passenger Movements Branch, Bldg 4700, for action.

c. Use command discretion regarding requests for military escorts to the receiving location. Commanders should utilize all available resources in making this decision, to include Family Advocacy Program, Victim Advocacy and Staff Judge Advocate (SJA) personnel. Expenses incurred as a result of providing military escorts will be borne by the unit.

**2-1. Army Community Service.** Army Community Service, Family Advocacy will--

a. Provide a victim advocate as a source of support and a resource to assist the client with negotiating the various resources.

b. Provide a victim advocate who will complete a memorandum of support, when warranted, for the command verifying that a safety plan has been initiated, the allegation has been reported, counseling has been offered, the client has been encouraged to go to Social Work Services at Reynolds Army Community Hospital for at least the initial interview, and the possibility of future violence is high (appendix E).

**2-2. Transportation Branch.** Passenger Movements Branch will—

a. Once all other conditions and requirements set out in this document exist and in the absence of an order that can be used as authority for the transportation of the member's dependents, issue a Dependent Travel Authorization. Travel of dependents may be authorized to a designated relocation site in the United States or its possessions, or, if the dependents are foreign nationals, to the country of the dependent's origin. Note: Restriction. Household Goods (HHG)/Privately-Owned Vehicle (POV) transportation may be authorized only if a written agreement of the member, or an order of a court of competent jurisdiction, gives possession of the HHG/POV to the member's spouse/dependent per U5205C.

b. Once the dependent travel authorization is issued, have the Passenger Movements Section return the original packet to the recommending authority and will work with dependents or unit representative for airline travel to designated location, if desired, or will direct dependent to work with household goods section and finance office for determination of other entitlements.

Appendix A

**COMMAND NOTIFICATION TO FAMILY MEMBER OF ENTITLEMENT**

APPROPRIATE LETTERHEAD

OFFICE SYMBOL

Date

MEMORANDUM FOR (Dependent's Name)

SUBJECT: Travel and Transportation for Dependents Relocating for Reasons of Personal Safety

1. In accordance with Joint Federal Travel Regulation paragraph U5205, you are authorized to apply for travel of dependents and/or shipment of household goods at government expense.
2. To obtain entitlements, dependent(s) must complete attached memorandum and worksheet, subject above, and return it to this headquarters, ATTN:. A self-addressed envelope is attached for your convenience.
3. If election to obtain entitlements for shipment of household goods is requested, please attach written agreement from the service member or an order from a court of competent jurisdiction, giving possession of the household goods (HHG)/privately-owned vehicle (POV) to member's spouse. I will forward your request to the Transportation Office for publication of the movement authorization and will notify you of the results at the earliest possible date.
4. Point of contact for this headquarters is.

Encl

NAME LINE (Commander)  
Rank, Branch  
Title

Appendix B

**FAMILY MEMBER'S REQUEST FOR ENTITLEMENT**

APPROPRIATE LETTERHEAD

OFFICE SYMBOL

Date

MEMORANDUM FOR (Commander's/Unit's Name)

SUBJECT: Request for Travel and Transportation for Dependents Relocating for  
Reasons of Personal Safety

In compliance with your memorandum, subject above: I request dependent travel and/or shipment of household goods at government expense. I am providing information on the following worksheet to assist in making a determination of entitlements.

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(Signature of dependent)

Appendix C  
FAMILY MEMBER WORKSHEET FOR TRANSPORTATION OFFICE  
DEPENDENT WORKSHEET FS Form 788

SPOUSE WORKSHEET FOR TRAVEL AND TRANSPORTATION ENTITLEMENTS

SERVICE MEMBERS NAME AND SSN: \_\_\_\_\_

SPOUSE'S NAME AND SSN: \_\_\_\_\_

SPOUSE'S PRESENT ADDRESS (CITY, STATE, ZIP CODE)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPOUSE'S PHONE NUMBER(S) WITH AREA CODE) \_\_\_\_\_

OTHER DEPENDENTS (SON, DAUGHTER, ETC):

NAMES	RELATIONSHIP	DATES OF BIRTH:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADDRESS WHERE HOUSEHOLD GOODS ARE CURRENTLY LOCATED WITH AREA CODE TELEPHONE NUMBER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADDRESS WHERE HOUSEHOLD GOODS WILL BE SHIPPED TO WITH AREA CODE AND PHONE NUMBER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LOCATION FOR WHERE HOUSEHOLD GOODS WERE LAST SHIPPED FROM:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPOUSE PRINTED NAME

SPOUSE SIGNATURE

DATE

Appendix D

**Ch 5: Permanent Duty Travel**

**Part C: Dep T&T Alws: Section 2: T&T for a Dep Relocating for Personal Safety  
U5205**

**Change 264 U5C2-1**

**12/1/08**

**SECTION 2: TRAVEL AND TRANSPORTATION FOR A DEPENDENT  
RELOCATING FOR PERSONAL SAFETY  
U5205 TRAVEL AND TRANSPORTATION FOR A DEPENDENT RELOCATING FOR  
PERSONAL  
SAFETY**

**D-1. General**

a. The member's spouse or a dependent child's parent/court appointed guardian may request relocation for personal safety and may be authorized travel and transportation under par. U5205 if it is determined by the Service-designated official that:

- (1) The member has committed a dependent-abuse offense against a dependent of the member;
- (2) A safety plan and counseling have been provided to the dependent;
- (3) The dependent's safety is at risk; **and**
- (4) Dependent relocation is advisable.

b. Dependent relocation must be in the best interest of the:

- (1) Member or the member's dependent, **and**
- (2) U.S. Gov't.

**D-2. Definitions**

a. Dependent Child. For the purposes of par. U5205, a member's dependent is

- (1) A dependent/acquired dependent as defined in APP A; and
- (2) A member's unmarried child who was transported to the member's PDS at Gov't expense and who, by reason of age or graduation from (or cessation of enrollment in) an institution of higher education, would otherwise cease to be a dependent of the member while the member was serving at that station.

b. Dependent-abuse Offense. A dependent-abuse offense is conduct by a member (as defined in 10 USC §1059(c)) on active duty for more than 30 days that involves abuse of the spouse/dependent child.

D-3. Restriction. ***HHG/POV transportation may be authorized only if a written agreement of the member, or an order of a court of competent jurisdiction, gives possession of the HHG/POV to the member's spouse/dependent.***

D-4. Authorization

a. When an authorization/order directing a member's PCS has not been issued, or when it has been issued but cannot be used as authority for the transportation of the member's dependent, baggage, and HHG; transportation may be authorized for the member's dependent, baggage, and HHG from the PDS to the designated relocation site in the U.S., or its possessions, or if the dependent is a foreign national to the country of the dependent's origin.

b. Transportation-in-kind, transportation reimbursement, or MALT PLUS, is authorized for the dependent(s).

c. If the member's PDS is OCONUS, transportation may be authorized for one POV that is owned/leased by the member/dependent and is for the personal use of the member's dependent.

**Ch 5: Permanent Duty Travel**

**Part C: Dep T&T Alws: Section 2: T&T for a Dep Relocating for Personal Safety  
U5205**

**Change 264 U5C2-2**

**12/1/08**

d. Transportation of HHG in NTS to the designated relocation site may be authorized.

D-5. Reimbursement. IAW 37 USC §406



Appendix E

**VICTIM ADVOCATE MEMORANDUM OF SUPPORT**

ATZR-PF (608-18a)

Date

MEMORANDUM THRU Family Advocacy Program Manager

FOR Commander, (unit)

SUBJECT: Support of Travel and Transportation for Dependents Relocating for  
Reasons of Personal Safety

1. As the Fort Sill Victim Advocate, I have met with \_\_\_\_\_ and concur that there is a personal safety risk present and the conditions of JFTR U5205 have been met. The allegations of spouse abuse, current state of fear, and the outcome of the Danger Assessment 2 (high or critical) would suggest that relocation is warranted in this case.
2. I have worked with the victim on a safety plan and reported the incident to Family Advocacy Program Social Work Service for treatment investigation and counseling.
3. Point of contact is the undersigned, Army Community Service, 442-6801/5015.

Victim Advocate



**Domestic Abuse  
Victim Advocate Lethality Assessment Checklist**

**Purpose:** The Victim Advocate Lethality Assessment Checklist is intended to identify domestic abuse victims who may be at a greater risk for future abuse and/or potentially lethal situations. The checklist is not a clinical assessment; it is a tool for VAs to gather information on risk factors, victims' needs, and safety concerns. The risk factors identified on this checklist are taken directly from DOD Instruction 6400.06, *Domestic Abuse Involving DOD Military and Certain Affiliated Personnel* (21 Aug 07), Section 6.6.2, pp.24-25.

**Instructions:** The VA shall complete this checklist during the initial intake following each incident of domestic abuse and prior to offering the victim reporting option choices. The VA will use sensitivity in obtaining the information; explain the value and purpose of the checklist and inform the victim that participation in the lethality assessment and safety planning process is voluntary. The VA shall be non-judgmental and use open-ended questions when conducting the non-clinical risk/lethality assessment.

The risk factors identified in the DODI 6400.06 are listed in the column to the far left of the checklist. Suggested questions for soliciting this information are listed in the column directly to the right of these risk factors. The VA should thoroughly familiarize her/himself with these questions in advance of meeting with the victim; thus, avoiding "reading" the checklist questions. By asking open-ended questions, victims will often disclose information that may satisfy several of the risk factors identified on this checklist. Thus, it may not be necessary to ask every question on this checklist.

Each checklist item that are determined to be risk factors should be designated as "yes" on the checklist and specific safety concerns should be identified in the "comments" column to the far right. Checklist items that the victim identifies are not risk factors should be designated as "no". If the victim chooses not to answer a question, the VA shall designate this risk factor as "unknown". The victim should never be pressured to answer a question or disclose information that he/she is not comfortable sharing, though this may raise other concerns.

The VA will immediately share the completed Lethality Assessment Checklist with the Installation Family Advocacy Program Manager (FAPM) and the assigned FAP Social Worker, including those questions which the victim did not feel comfortable answering. As indicated, the VA will also immediately share safety concerns with Command and members of the Case Review Committee (CRC), when the case is presented. Additionally, the VA shall coordinate with the FAPM and the FAP Social Worker to discern who will take the lead on sharing the information with command, to prevent unnecessary duplication of updates.

This checklist should be used in conjunction with DD Form 2893, the *Victim Advocacy Safety Plan* and maintained in the Domestic Abuse Victim Advocacy Client Record (DAVACR) under double lock and key.

1

Victim's Name: \_\_\_\_\_

RRCN: \_\_\_\_\_

Unrestricted Case Number: \_\_\_\_\_

Incident Report Date: \_\_\_\_\_

VICTIM ADVOCACY LETHALITY ASSESSMENT CHECKLIST			
Risk Factor	Suggested Questions for Assessing Risk Factor	Y/N/UNK	Comments
Access to the victim (6.6.2.1)	Does your partner have access to you and your children? If separated, does he/she know where you live, work and/or your and your children's daily routines?		
Victimization patterns have increased in severity or frequency (6.6.2.2)	Has the physical violence during arguments increase in severity and/or frequency during the past year?		
Alleged abuser has threatened, attempted or has a plan to kill the victim or his/her children (6.6.2.3)	Does he/she threaten to kill you, or your children, and/or do you believe he/she is capable of killing you or your children? Is your partner violent toward your children? **Contact your FAPM and CPS immediately if victim responds "yes" to questions about violence/imminent threat to children.**		
Alleged abuser has threatened, attempted, or has a plan to commit suicide (6.6.2.4)	Has your partner ever threatened or tried to commit suicide?		
Alleged abuser has strangled the victim (6.6.2.5)	Does he/she ever try and choke you? During arguments has he/she ever grabbed your throat?		
Alleged abuser has used a weapon, threatened to use a weapon, or has access to a weapon that may be used against the victim (6.6.2.6)	Has your partner ever used a weapon or threatened you with a weapon? Does he/she have access to a gun or other weapons?		
Victim has sustained serious injury during the abusive incidents (6.6.2.7)	Have you ever been hurt during an argument? What kind of injuries did you receive? Have you gone to the emergency room or a clinic because you were hurt during an argument?		

2

Victim's Name: \_\_\_\_\_  
 RRCN: \_\_\_\_\_  
 Unrestricted Case Number: \_\_\_\_\_  
 Incident Report Date: \_\_\_\_\_

History of law enforcement involvement regarding domestic abuse or other criminal behavior (6.6.2.8)	Have MPs or civilian police ever been called because of an argument? Has your partner ever had any involvement with law enforcement?		
Victim has a restraining order or protective order against the alleged abuser (6.6.2.9)	Do you currently have a Military Protective Order (MPO) or Civilian Protective Order (CPO) against your partner? Have you had one in the past?		
Violation of protective order by alleged abuser (6.6.2.10)	Has your partner ever violated the MPO/CPO? If so, how and what were the consequences?		
Victim is estranged, separated, or attempting to separate from the alleged abuser. Does he/she have a place to go? (6.6.2.11)	Are you thinking about leaving your partner, or have you already left? Do you have a safe place to go?		
Alleged abuser has stalked the victim (6.6.2.12)	Has your partner ever followed you, showed up at your job unexpectedly, read your emails/mail or tracked your whereabouts?		
Alleged abuser exhibits obsessive behavior, extreme jealousy, extreme dominance, rage, agitation, or instability (6.6.2.13)	Does your partner control most or all of your daily activities? Is your partner violently and constantly jealous of you (e.g., does he/she say, "If I can't have you, no one can")? Does he/she accuse you of infidelity?		
History of drug or alcohol abuse (6.6.2.14)	Does your partner drink? If so, how much? Does he/she use drugs?		
Alleged abuser has forced sex on the victim (6.6.2.15)	Has he/she ever forced you to have sex when you did not wish to do so?		
Alleged abuser isolates the victim (6.6.2.16)	Does your partner keep you from seeing/talking to family, friends or co-workers? Does he/she control your phone usage or monitor your phone calls? Has your partner ever made you stop being friends with someone because he/she didn't approve?		

3

Victim's Name: \_\_\_\_\_

RRCN: \_\_\_\_\_

Unrestricted Case Number: \_\_\_\_\_

Incident Report Date: \_\_\_\_\_

The completed Victim Advocacy Checklist should be signed by the VA and then immediately shared with the installation FAPM. Follow local guidance and FAPM instruction on how to disseminate information to the designated FAP Social Worker. The signed checklist should be maintained under double lock and key in the Domestic Abuse Victim Advocate Client Record (DAVACR).

Victim Advocate: \_\_\_\_\_  
FAPM (or designee): \_\_\_\_\_

Date: \_\_\_\_\_  
Date: \_\_\_\_\_

4

Victim's Name: \_\_\_\_\_  
RRCN: \_\_\_\_\_  
Unrestricted Case Number: \_\_\_\_\_  
Incident Report Date: \_\_\_\_\_

IMWE-SIL-MWA

FOR THE COMMANDER:



JAMES A. MILLER  
Director of Human  
Resources

RAYMOND P. LACEY  
COL, FA  
Garrison Commander